MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-013839
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			10 52
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BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 31

FILED APR 9 1962

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY OR TOWN: Milan — Length of stay in 1b: 1 day
c. FULL NAME OF HOSPITAL OR INSTITUTION: S. C. M. Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Sullivan
c. CITY OR TOWN: Newtown, — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Jesse Middle: M. Last: Bowers

4. DATE OF DEATH: Month: Mar. Day: 29 Year: 62

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 7-23-99

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attend.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Mercer County, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: C.W.Bowers

13b. MOTHER'S MAIDEN NAME: Nora Ogle

14. NAME OF HUSBAND OR WIFE: Flo D. Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Mrs. Flo D. Bowers, Newtown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:)
IMMEDIATE CAUSE (a): Paraplegia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Tumor
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-28-62, to 3/29 62 and last saw her/him alive on 3-29-62
Death occurred at 5:30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) — 22b. ADDRESS: Milan — 22c. DATE SIGNED: 3-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 4-1-62 — 23c. NAME OF CEMETERY OR CREMATORY: Newtown Cemetery — 23d. LOCATION (City, town, or county) (State): Newtown, Mo/

24. FUNERAL DIRECTOR ADDRESS: Judd & Payne, Newtown, Mo. — 25. DATE RECD. BY LOCAL REG.: 4-6-62 — 26. REGISTRAR'S SIGNATURE: Mrs. M.W. Beckett

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed H. Howard Gould

Licensed Embalmer No. 3240

P. O. Address Deer Park

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.